



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/783,100
Applicants : Weinmann et al.
Filed : February 20, 2004
Title : FLEXURAL ACTUATOR AND AN
ACTUATOR MEANS FITTED WITH
SAME
TC/A.U. : 2834
Examiner : Aguirrechea, J.
Conf. No. : 3534
Docket No. : 442-204
Dated : November 1, 2005

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

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envelope, addressed to:
Commissioner for Patents, P.O. Box 1450,
Alexandria, Virginia 22313-1450 on November 1, 2005

Signed: 

AMENDMENT

Sir:

In response to the *Ex parte Quayle* Office Action mailed September 8, 2005, please
amend the application in accordance with 37 C.F.R. §1.121, as follows:

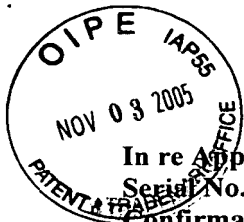
Amendments to the Claims are reflected in the listing of the claims which begin on page 2
of this paper.

Remarks/Arguments begin on page 6 of this paper.

11/04/2005 EAREGAY1 00000022 10783100

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Attorney Docket No. 442-204

In re Application of: Weinmann et al.

Serial No.: 10/783,100

Confirmation No.: 3534

Filed: February 20, 2004

For: FLEXURAL ACTUATOR MEANS
FITTED WITH SAME

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Alexandria, Virginia 22313-1450

on November 1, 2005

Signature: M. Hickey

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL	* 23	MINUS	** 20	= 3	x 25=	\$	OR	x 50=	\$150.00
INDEP.	* 3	MINUS	*** 3	= 0	x 100=	\$		x 200=	\$
					x 180=	\$		x 360=	\$
					TOTAL	\$ 0.00		TOTAL	\$ 150.00

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- *** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 08-2461 in the amount of \$_____. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$150.00 is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

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Respectfully submitted,

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